

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
BOARD OF ADULT CARE HOME ADMINISTRATORS
VERIFICATION OF OUT-OF-STATE LICENSURE

APPLICANT: PLEASE MAKE COPIES OF THIS FORM AS NEEDED

An applicant who is licensed in another state as an adult care home administrator may be considered for licensure in Kansas upon determining that the applicant met licensing standards in other states that were not less than those standards for licensure in Kansas on the date of original licensure. To establish eligibility for licensure, this form must be completed by the applicant and licensing agency in each state in which a license was or is currently held.

Part I – Applicant: Complete, sign, and date Part I of this application, forward it to the licensing agency in the state where you are/were licensed.

Name _____

Present Address _____

Name which appears on license, if different _____

Date of Birth _____ Social Security Number _____

State in which licensed _____ License Number _____

I hereby give permission to the authorized office with the licensing agency to divulge examination scores and other information pertinent to my adult care home administrators license issued by that state.

Signature of Applicant

Date

Part II – State Licensing Agency: Please complete this section concerning the administrator named above.

Do your records agree with the information in Part I? Yes ____ No ____

If NO, please explain: _____

Date License was issued _____ Expiration date _____

Was your state the state of original licensure? Yes ____ No ____

If NO, which state is indicated as the state of original licensure? _____

Which written licensing examination did the applicant take? PES ____ NAB ____ Other ____ Date _____

Total raw score _____ Scaled Score _____

Was the applicant required to complete:

- A long term care administrator practicum approved by an accredited college or university? Yes ____ No ____
If Yes, please state the length of program _____
- A long term care administrator internship approved by a state board? Yes ____ No ____
If Yes, please state the length of internship _____

Is the applicant in good standing with your board at this time? Yes ____ No ____

If NO, please explain _____

According to your records, has the applicant ever been disciplined by your board or other state agency? Yes __ No__

If Yes, please explain _____

According to your records, has the applicant ever been convicted of a crime by any court in your state, any court in any other state, or any federal court of the United States? Yes ____ No ____

Do you favorably recommend the above applicant to be licensed by reciprocity by the State of Kansas? Yes__ No__

Additional comments: _____

(PLACE SEAL HERE)

Please return this form to:

Health Occupations Credentialing
612 S Kansas Ave
Topeka KS 66603

Signature

Title

Agency

Address

City State Date